Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date;	<u>11/</u> 28/2010	Address:	510 NW 10th Street	
Case #:	<u>34F36</u> 80 <u>3</u>		Washington, IN 47501	
County:	<u>Daviess</u>			
Type of Laboratory Seizure (check one) Operational Lab		Seizure Location (check all that apply)		
Chemic	onar Lao al/Glassware/Equipment (only) te (only)	⊠ Residence □ Outbuilding □ Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)				
	ve Base: <u>Bedroom</u> tem and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Ephedrin Retail/Mo	 Investigative Information ☐ Ephedrine/Pseudocphedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:Criminal investigation 	
This report is to be faxed to the following agencies that serve the location;				
Pire Departi	ment: Washington Fire Depatment	Fax:		
Health Department: <u>Daviess</u> County		Fax: Fax:		
Child Protec	ction Service: <u>Daviess County</u>	 -		
	information regarding this methamphog Officer: <u>Greg Dietsch</u> Phor	etamine laboratory, co ne 812-254-4410	ontact	

*** This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.